

DEKALB COUNTY POLICE DEPARTMENT

GA0440200

INCIDENT REPORT

Case #:
17-057675

EVENT	Incident Type: 16-5-70 (3802) Cruelty to children		Courts: 1	Incident Code: 3802	Offense Jurisdiction: COUNTY	Arrest Jurisdiction:																																																																																								
	Premise Type: ALL OTHER		Weapon Type:	Forcible:	Stranger To Stranger: Y	Hate/Motivated: <input type="checkbox"/>																																																																																								
WITIM	Date Report: 6/10/2017 7:00:00 PM Incident Start: 4/10/2017 12:00:00 PM Incident End: 6/9/2017 12:00:00 PM Incident Location: 937 Briarcliff Rd Atlanta GA																																																																																													
	Name (Last, First Middle):		Moniker:	DOB:	Age:	Sex:	Race:																																																																																							
OFFENDER	Address:		Home #:	Work #:	Cell #:	Email:																																																																																								
	SSN:		Resident Status:	HGT:	WGT:	Hair Color:	Hair Style:																																																																																							
PROPERTY	Occupation:		Employer:	Address:		Employer Phone:																																																																																								
	Victim Type: PERSON/INDIVIDUAL (NOT Student: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)		If Yes, Name of Victim's School:		LEORA Activity Type:																																																																																									
Injuries: <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Internal <input type="checkbox"/> Teeth <input type="checkbox"/> Unconscious <input type="checkbox"/> Lacerations <input type="checkbox"/> Bones <input type="checkbox"/> Other <input type="checkbox"/> Used <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																																																																														
SMTs:																																																																																														
Relationship To Offenders: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ Offenses Involved: (1) 3802 (2) _____ (3) _____ (4) _____ (5) _____																																																																																														
Name: Unknown, Unknown Moniker: DOB: Age: 00 Sex: U Race: U Ethnicity:																																																																																														
Address: Home Phone: Work Phone: Cell Phone: Email:																																																																																														
SSN: Resident Status: HGT: WGT: Hair Color: Hair Style: Hair Length: Eye Color: OLH #:																																																																																														
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WANTED: <input type="checkbox"/> WARRANT: <input type="checkbox"/> ARREST: <input type="checkbox"/> SUSPECT ARMED: WEAPON: Used: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer																																																																																														
TOTAL NUMBER ARRESTED: 1 ARREST AT OR NEAR OFFENSE SCENE: Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>																																																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">VEHICLES</td> <td colspan="2">CURRENCY, NOTES, ETC.</td> <td colspan="2">JEWELRY, PREC. METALS</td> <td colspan="2">FURS</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td colspan="2">CLOTHING</td> <td colspan="2">OFFICE EQUIP.</td> <td colspan="2">TV, RADIO, ETC.</td> <td colspan="2">HOUSEHOLD GOODS</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td colspan="2">FIREARMS</td> <td colspan="2">CONSUMABLE GOODS</td> <td colspan="2">ELECTRONICS</td> <td colspan="2">OTHER</td> </tr> <tr> <td>STOLEN</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td>RECOVERED</td> <td>\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> <tr> <td colspan="2">TOTAL</td> <td colspan="2">TOTAL</td> <td colspan="2">TOTAL</td> <td colspan="2">TOTAL</td> </tr> <tr> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> <td colspan="2">\$0.00</td> </tr> </table>							VEHICLES		CURRENCY, NOTES, ETC.		JEWELRY, PREC. METALS		FURS		STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		CLOTHING		OFFICE EQUIP.		TV, RADIO, ETC.		HOUSEHOLD GOODS		STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		FIREARMS		CONSUMABLE GOODS		ELECTRONICS		OTHER		STOLEN	\$0.00	\$0.00		\$0.00		\$0.00		RECOVERED	\$0.00	\$0.00		\$0.00		\$0.00		TOTAL		TOTAL		TOTAL		TOTAL		\$0.00		\$0.00		\$0.00		\$0.00	
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ADM. GOC ENTRY: <input type="checkbox"/> WARRANT: <input type="checkbox"/> MISSING PERSONS: <input type="checkbox"/> VEHICLE: <input type="checkbox"/> ARTICLE: <input type="checkbox"/> BOAT: <input type="checkbox"/> GUN: <input type="checkbox"/> SECURITIES: <input type="checkbox"/>																																																																																														
DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																														
1 - Amphetamine 2 - Barbiturate 3 - Cocaine 4 - Hallucinogen 5 - Heroin 6 - Marijuana 7 - Methamphetamine 8 - Opium 9 - Synthetic Narcotic 10 - Unknown																																																																																														
REQUIRED DATA FIELDS FOR CLEARANCE REPORT: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED <input type="checkbox"/> UNFOUNDED DATE OF CLEARANCE: <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE																																																																																														
REPORTING OFFICER: JAMES A III NUMBER: 2167 APPROVING OFFICER: NUMBER:																																																																																														

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GA0440200
NARRATIVE

Case #:
17-057675

Officer ID/Name:
2167

James a m

Date:

Approving Officer ID/Name:

2167

James a m

Date:

Title

INITIAL REPORT

The victim states she was physically assaulted on multiple occasions while she was a patient at Laurel Heights Hospital
Investigation continues.

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SUPPLEMENTAL NARRATIVE

Mr. Tim Meador (Social Worker at T.C. Thompson's Children Hospital) stated the victim arrived at their facility on 6/10/17 and she was covered with bruises and there were spots on her scalp where her hair had been pulled out. Mr. Meador states the victim reports she was assaulted by patients and staff at Laurel Heights Hospital.